

# Exhibit A



## STATE OF CALIFORNIA

## CERTIFICATE OF VITAL RECORD

OFFICE OF RECORDER

## COUNTY OF SISKIYOU

YREKA, CALIFORNIA  
CERTIFICATE OF DEATH

3202347000483

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) NICHOLAS		3. LAST (Family) HARITOUDIS	
2. MIDDLE DETWEILER			
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 12/04/1991	
5. AGE Yrs. 32		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) GED		14. DATE OF DEATH mm/dd/yyyy 12/25/2023	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) GREEK, CHICKASAW		16. HOUR (24 Hour) 0053	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FORESTER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FORESTRY	
19. YEARS IN OCCUPATION 2			
20. DECEDENT'S RESIDENCE (Street and number, or location) 1040 CALIFORNIA AVENUE			
21. CITY KLAMATH FALLS		22. COUNTY/PROVINCE KLAMATH	
23. ZIP CODE 97601		24. YEARS IN COUNTY 5	
25. STATE/FOREIGN COUNTRY OR			
26. INFORMANT'S NAME, RELATIONSHIP JULIA FAY DETWEILER, MOTHER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) PO BOX 344, RIO NIDO, CA 95471	
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST PANAGIOTIS		32. MIDDLE -	
33. LAST HARITOUDIS		34. BIRTH STATE GREECE	
35. NAME OF MOTHER/PARENT - FIRST JULIA		36. MIDDLE FAY	
37. LAST (BIRTH NAME) DETWEILER		38. BIRTH STATE PA	
39. DISPOSITION DATE mm/dd/yyyy 01/19/2024		40. PLACE OF FINAL DISPOSITION PLEASANT HILLS MEMORIAL PARK 1700 PLEASANT HILL ROAD, SEBASTOPOL, CA 95472	
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT PLEASANT HILLS MEMORIAL PARK & MORTUARY	
45. LICENSE NUMBER FD1337		46. SIGNATURE OF LOCAL REGISTRAR CRAIG S. KAY	
47. DATE mm/dd/yyyy 01/17/2024			
101. PLACE OF DEATH ROADSIDE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ETVOP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
104. COUNTY SISKIYOU		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) WEST LAKE STREET	
106. CITY MT. SHASTA			
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) GUNSHOT WOUNDS OF TRUNK (B) (C) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (D) 108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) SEC 1-23-1888 (B) (C) (D) 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER 116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hour)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER JEFFERY M MOSER		127. DATE mm/dd/yyyy 01/16/2024	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JEFFERY M MOSER, DEP CORONER			
STATE REGISTRAR		FAX AUTH.# CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF SISKIYOU

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Siskiyou County Assessor-Recorder.

DATE ISSUED 02/06/2024 Page 1 of 1  
ASHLEY PANKS

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CRAIG S. KAY

SISKIYOU COUNTY ASSESSOR-RECORDER

